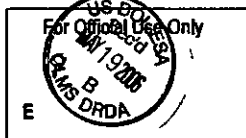


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)

Signed

James Mulligan

On

05/12/2006

Date _____

315-687 3295

Telephone Number

Name of Person Filing JAMES MILLIGAN	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name ROOFERS LOCAL #195 Trade Name if any UNITED UNION OF ROOFERS WATERPROOF P O Box Bldg Room No if any Street 6200 STATE ROUTE 31 City CICERO State New York ZIP Code + 4 13039	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name ROOFERS LOCAL #195 PENSION FUND Trade Name if any P O Box, Bldg Room No if any Street 6200 STATE ROUTE 31 City CICERO State New York ZIP Code + 4 13039	11 a Nature of such dealing Received reimbursed expenses in connection with attendance at a training seminar sponsored by the IFEBP These reimbursed expenses included hotel expenses airfare transportation expenses and meals for the duration of the conference 11 b Approximate dollar value of such dealing \$3 785 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	